Name in Full

Certificate of Death

Catharine A. Bernstine

Died at Town: Westminster County: Carroll MARYLAND

Date 1899 Month: Sept Day: 25. Age Y. 77 M. — D. —

Native of Md

Occupation

~~Male~~ / Female

White / ~~Colored~~

Married / ~~Single~~

~~Widow~~ / ~~Widower~~

~~Divorced~~

Number of ~~children~~ living X

~~Husband~~ / Wife of John Bernstine

Father's Name Wm. Written

Mother's Name Susan. Warner

Cause of Death — Primary: Apoplexy 42

How long sick 3 hours

Immediate

Accident, Suicide, Homicide

Reported by Frank C Allan

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70709

Attended by Rev J. W. Billingsley

Westminster

and

Name in Full

Certificate of Death

No 19

Rocla Francis Riehl

Town: Westminster

County: Carroll

Died at MARYLAND

Date 1890 Month: Sept Day: 2

Age Y. 10 M. 1 D.

Native of Md.

Occupation —

~~Male~~ / Female

White / ~~Colored~~

~~Married~~ / Single

~~Widow~~ / Widower

~~Divorced~~ / Number of children living

Husband / Wife of —

Father's Name: John D. Riehl

Mother's Name: Laura A. Sullivan

Cause of Death — Primary: Cholera Infantum 10d

How long sick: 3 weeks

Immediate: Meningitis. Sc

~~Accident~~ ~~Suicide~~, ~~Homicide~~

Reported by: Jos. F. Shunk MD

Address: Westminster Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Name in Full — Certificate of Death

Joel R. Billinger

Town — County

Died at near Taneytown — Carroll — MARYLAND

Date 189 8 — Month 9 — Day 6 — Age Y. 71 M. D. — Native of — Occupation

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death — Primary — 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Carroll Reed (Taneytown) 9-10

Address

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 55668

Name in Full Frederick Donner

Certificate of Death

Died at near Town Stonebreaker County Carroll MARYLAND

Date 189 9 | Month 9 | Day 29 | Age Y 69 M. D. | Native of Germany | Occupation

Male | White | Married | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | ~~Single~~ | ~~Widower~~ | Number of children living 9

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary Paralysis 4 4 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by American Sentinel

Address 10-7

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78888

Name in Full

James D. Chambers

Certificate of Death

Died at Town: Near Union County: Carroll MARYLAND

Date 189 9 Month 9 Day 23 | Age Y. 34 M. D. | Native of Va. | Occupation Craftsman

Male — ~~Female~~ | White — ~~Colored~~ | ~~Married~~ — Single | ~~Widow~~ — Widower | Divorced — ~~Number of children living~~

Husband of Wife

145 d

Father's Name

Mother's Name

Cause of Death: Primary — R.R. accident

Immediate — Fracture of skull & legs

How long sick 3 hours

Accident, Suicide, Homicide

Reported by Chas D. Chambers M.D.

Address Carmen 0222 F. Street

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Mrs. Emma Chatterton

Died at Town. Union Bridge County Carroll MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
9	6					

Date 1899 Age 39

~~Male~~ Female | White Colored | Married ~~Single~~ | Widow ~~Widower~~ | Divorced

Number of children living /

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by American Sentinel 9-9

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full — Certificate of Death

Hazell. Chew

Died at Town: Patapsco — County: Carroll — MARYLAND

Date 189 9 Month: Sept. Day: 3 | Age Y. 4 M. – D. – | Native of Md | Occupation

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of

Father's Name: R Grant Chew — Mother's Name: Mattie Brown

Ceuse of Death — Primary: Gun shot wound — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Frank C Shaner — Undertaker

Address Westminster Md

Must be signed by physician, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70706

Name in Full

Albert Ross Dorsey

Certificate of Death

Died at Town: Westminster County: Carroll MARYLAND

Date 1899 Month: Sept. Day: 16 | Age Y. 2 M. 7 D. 5 | Native of Westminster | Occupation

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | Divorced ~~Number of children living~~

~~Husband~~ ~~Wife~~ of 81

Father's Name Edward Dorsey | Mother's Name Georgianna Bamo

Cause of Death: Primary Improper Injection | How long sick 24 hrs

Immediate Convulsions | ~~Accident, Suicide, Homicide~~

Reported by Chas. R. Fenby, M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full John Faulty

Certificate of Death

Died at Town Manchester County Carroll MARYLAND

Date 1899 Month 9 Day 20 | Age Y. 77 M D. | Native of | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | Widow / Widower | Divorced / Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 | Immediate

How long sick

Accident, Suicide, Homicide

Reported by American Sentinel

Address 9-23

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

*5570 Thomas Girvin

Died at Town: Hampstead County: Carroll MARYLAND

Date 189 4 Month: 9 Day: 28 | Age Y.: 56 M.: 1 D.: 19 | Native of: Baltimore | Occupation: Clerk

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow Widower | ~~Divorced~~ Number of children living

Husband of Wife

Father's Name: Robert Girvin | Mother's Name: Catherine Girvin

Cause of Death — Primary: .72. | Immediate: Pneumonia | How long sick: six days

Accident, Suicide, Homicide

Reported by: James J. Marshall, M.D.

Address: Hampstead Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. James S. Marshall

of Hampstead

Seen by Coroner .....

of .....

Information contained in this certificate received

from C. E. Tipton Undertaker

of Hampstead Md

Name in Full

Certificate of Death

Nancy Gore

Died at Town: Reese County: Carroll MARYLAND

Date 189 9 Month: Sept Day: 7 | Age Y. 73 M. 11 D. 7 | Native of Md | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of children living 2

~~Husband~~ Widow of Elijah Gore

Father's Name

Mother's Name

Cause of Death: Primary

How long sick 1 hour

Immediate

Accident, Suicide, Homicide

Reported by Frank E Shaum Undertaker

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78703

Name in Full

Certificate of Death

Geo. E. St. Hoff

Died at Town: Millers Station County: Carroll MARYLAND

Date 1899 Month: Sept. Day: 10 | Age Y. 9 M. 10 D. 3 | Native of | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | Married / Single | Widow / Widower | Divorced | Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary: Pulmonary Diphtheria — How long sick: 3 days

Immediate: —

Accident, Suicide, Homicide

Reported by S. L. Shriner

Address Manchester, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full

Certificate of Death

Mrs. Delilah Haubleyer

Died at Town: Mt. Airy County: Carroll MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
9	24	78				

Date 189 2

~~White~~ / Female

White / ~~Colored~~

Married / ~~Single~~

Widow / Widower

Divorced

Number of children living 1

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary / Immediate — 161

How long sick

Accident, Suicide, Homicide

Reported by American Sentinel 9-3)

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name In Full

Certificate of Death

Harry Miller

Died at Town, Millers Station County Carroll MARYLAND

Date 19 1899 Month Sept. Day 27 | Age Y. 3 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary Malignant Diphtheria — How long sick

Immediate — *Accident, Suicide, Homicide

Reported by Dr. Geo. W. Sherman,

Address Manchester, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Nama in Full J. Ralph Miller

Certificate of Death

Died at Town Millers Station County Carroll MARYLAND

Date 189 Month Sept. Day 13 | Age Y. 6 M. 4 D. 14 | Nativa of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife
Father's Name John A. Miller

Mother's Name Clara V. Miller

Cause of Death { Primary 161 | Immediate

How long sick

Accident, Suicida, Homicida

Reported by American Sentinel

Address 9-26

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Albert F. Neetzke

Died at Town Patapsco Neck County Carroll MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
9	3					

Date 189 9 Age 45

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Union 9-9.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Walter Cecil Newcomer

Certificate of Death

Died at Town: Denny Town — County: Carroll — MARYLAND

Date 189? Month: Sept Day: 12 | Age Y. — M. D.: 2 | Native of: Md | Occupation: none

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of 137

Father's Name: Alvin Newcomer | Mother's Name: Alma Newcomer

Cause of Death — Primary: Imperfect Closure of Tube

Immediate: Spasm Glottis R. [illegible] Edema Glottis. Bronchitis

How long sick: 2 days

Accident, Suicide, Homicide

Reported by: C. W. Newcomer

Address: Denny Town Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full

William H Piper

Certificate of Death

Died at Town: New Windsor County: Carroll MARYLAND

Date 189 Month: 9 Day: 8 | Age Y.: 62 M.: D.: 19 | Native of Md | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widowed~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name 57

Cause of Death: Primary: Heart-Disease Complicated — How long sick: one year

Immediate: Found dead in Bed — Accident, Suicide, Homicide

Reported by C P Baile

Address New Windsor Md

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Seen by Coroner.....

of.....

Attended by Dr. John Buffington

of New Windsor Md

Information contained in this certificate re-

ceived from.....

of.....

Name In Full — Reifsnider

Certificate of Death

Died near Town Bruceville County Carroll MARYLAND

Date 189 9 Month 9 Day 3 Y. M. D. Age infant Native of Occupation

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living

Husband of
Wife

Father's Name Jesse Reifsnider Mother's Name

Cause of Death — Primary 16' — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Carroll Record 9-9

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

John S. Pepper

Town

County

Died at Union Bridge Carroll MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
9	22	77				

Date 189 9

Age

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 4

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary

Immediate 161

How long sick

Accident, Suicide, Homicide

Reported by Emmitsburg 9-29

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Margaret Richter

Certificate of Death

Died at Town Westminster County Carroll MARYLAND

Date 1899 Month Sept Day 6 | Age Y. 78 M. 8 D. 18 | Native of Germany | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 7

~~Husband~~ Wife of Henry Richter

Father's Name Conrad Bloom | Mother's Name Elizabeth Rowe

Cause of Death: Primary Heart disease | How long sick 8 months

Immediate | Accident, Suicide, Homicide

Reported by Frank C Shaum F Funderlaken

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Attended by Rev J W Billingsley

Westminster

Md

Name in Full

Charles B Roberts

Certificate of Death

Died at. Town: Westminster County: Carroll MARYLAND

Date 189 4 Month: Sept Day: 10 | Age Y. 57 M. D. | Native of Md. | Occupation Lawyer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~ | Number of children living 7

~~Wife~~ Husband of Annie E Mathias

Father's Name John Roberts Mother's Name Catharine Boyle

Cause of Death: Primary Paresis How long sick about 1 Year

Immediate 45 Accident, Suicide, Homicide

Reported by Frank C Shaner Undertaker

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

. Attended by Rev J W Billingsley

Westminster

Md

Name in Full

Certificate of Death

Wilfred Smith

Died at Town: Taylorsville County: Carroll MARYLAND

Date 189 Month: Sept Day: 11 | Age Y. 1 M. 1 D. 23 | Native of Maryland | ~~Occupation~~

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ | ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Charles Smith

Mother's Name: Laura Haines

Cause of Death: Primary: Entero colites 82 — How long sick: 7 days

Immediate: Meningitis

~~Accident, Suicide, Homicide~~

Reported by: E D Herrick M D

Address: Winfield Carroll Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 78708

Name in Full

Emma Snader

Certificate of Death

Died at Town: New Windsor County: Carroll MARYLAND

Date 189 Month: 9 Day: 1 | Age Y. 41 M. D. | Native of Md | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower ~~Divorced~~ | Number of children living None

~~Husband~~ ~~Wife~~ of

Father's Name: Edward Snader

Mother's Name:

Cause of Death: Primary 259

Immediate Cancer

How long sick one year

Accident, Suicide, Homicide

Reported by C P Bair

Address New Windsor Md

OVER

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79706

Seen by Coroner _____

of _____

Attended by Dr. Shipley

of Washington D.C.

Information contained in this certificate received from Family

of _____

Name in Full John Stansbury

Certificate of Death

Died at Town Westminster County Carroll MARYLAND

Date 1897 Month 9 Day 7 | Age Y. 4 M. D. | Native of Westminster | Occupation —

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living 2

Husband / Wife of

Father's Name George Stansbury Mother's Name Angie Stansbury

Cause of Death — Primary: Cholera Infantum — How long sick: 4 days

Immediate: Convulsions — Accident, Suicide, Homicide

Reported by W. L. Butt

Address Westminster Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Name in Full — Certificate of Death

Samuel Isiah Washington

Died at Town: Berrett County: Carroll MARYLAND

Date 1899 Month: Sept Day: 29 | Age Y.: 15 M.: D.: | Native of: Md | Occupation: day labor

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: Geo. W. Washington | Mother's Name: Emily Washington

Cause of Death — Primary: accidentally Shot-145a | How long sick: 3 days

Immediate: Heart failure during amputation | Accident, ~~Suicide, Homicide~~

Reported by: A. F. Crouse

Address: Winfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertakar or minister.

LIBRARY BUREAU, 79708

Name in Full Mrs. Eleanora Hannah Hughlin

Certificate of Death

Died at over Town Manchester County Carroll MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Sept.	13	45	8	6		

Date 189 9

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living

~~Husband~~ Wife of Hannah Hughlin

Father's Name

Mother's Name 145 e

Cause of Death: Primary — killed in a runaway

Immediate

How long sick

Accident, ~~Suicide Homicide~~

Reported by American Sentinel

Address [redacted] 9-23

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or ministar.

LIBRARY BUREAU, 78898